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SUBJ/PUBLIC AFFAIRS-NAVAL SERVICE MEDICAL NEWS (NSMN) (94-22)//
POC/CAPT P.C. BISHOP/-/MED-00P (PUBLIC AFFAIRS)/-/TEL:(202)653-1315/TEL:DSN 294-1315//
RMKS/1. THIS SERVICE IS FOR GENERAL DISTRIBUTION OF INFORMATION AND NEWS OF INTEREST TO NAVY AND MARINE CORPS MEMBERS, CIVILIAN EMPLOYEES, FAMILY MEMBERS AND RETIRED BENEFICIARIES OF NAVY MEDICINE. MAXIMUM AND TIMELY REDISTRIBUTION OR FURTHER REPRODUCTION AND USE BY ACTION ADDRESSEES IS ENCOURAGED. THIS MESSAGE HAS BEEN COORDINATED WITH THE COMMANDANT OF THE MARINE CORPS (CMC). THE COMMANDANT HAS AUTHORIZED TRANSMISSION TO MARINE CORPS ACTIVITIES.

2. HEADLINES AND GENERAL INTEREST STORIES THIS WEEK:

HEADLINE: Mariner Aided by Naval Medical Research Unit Jakarta

NAMRU-2 Jakarta, Indonesia (NSMN) -- A civilian mariner from USNS Ericsson (T-AO 194), while in port in Bali, Indonesia, was admitted to a local hospital with intracranial bleeding. A hospital corpsman from one of the U.S. Navy ships accompanying Ericsson requested assistance from the U.S. Defense Attache's Office in Jakarta.

Naval Medical Research Unit Two, one of the Naval Medical Research and Development Command's overseas laboratories, is located in Jakarta. While the primary mission of these laboratories is to perform basic and applied research on infectious diseases of military importance, an important operational role for them is to respond to requests for medical assistance from deployed DOD units.

In this case, the embassy contacted CAPT F. Stephen Wignall, MC, NAMRU-2's commanding officer, who immediately contacted the attending corpsman and local physicians for information regarding the patient's condition.

With the concurrence of consulting U.S. military neurosurgeons, Wignall arranged for a civilian medevac team from Jakarta to move the patient to Mount Elizabeth Hospital in Singapore. Prior to finding a qualified civilian medical

attendant, Wignall himself was prepared to accompany the stricken mariner from Bali to Singapore, where the required neurosurgery was successfully performed.

"Captain Wignall was our point of contact. He monitored the patient's progress and arranged for a civilian medevac team to move the patient from Sanglan Hospital in Bali to Mount Elizabeth Hospital in Singapore," said Ericsson's CAPT Shaver. "Without Captain Wignall's personal attention and professional expertise, the medevac would have been delayed and the subsequent successful neurosurgery performed at Mount Elizabeth Hospital may have had an entirely different outcome."

Story by Doris Ryan, NMRDC Bethesda, MD

-USN-

HEADLINE: Hospital Corps School Staff Supports Golden Age Games

NHCS Great Lakes, IL (NSMN) -- Staff and students of Naval Hospital Corps School Great Lakes carried on the Navy Medical Department's tradition of Charlie Golf One -- "We are Standing By, and Always Ready to Assist" -- by providing support to more than 450 veterans participating in the eighth annual National Veterans Golden Age Games held at Illinois Benedictine College in Lisle, IL, from 6 to 12 June 1994.

The Golden Age Games, co-sponsored by the Department of Veterans Affairs and Veterans of Foreign Wars, is one of several programs designed to improve the quality of life for a growing number of veterans over age 55 who are currently receiving some type of medical care at a VA facility. Participation in such sporting events as swimming, bicycling, pentathlon, tennis, shuffleboard, dominoes and checkers acts as a continuation of the rehabilitative process. These events provide challenging experiences that help bolster self-esteem and confidence while enhancing fitness levels and improving both independence and mobility.

During the week-long event, staff from the Corps School provided emergency medical coverage for the sporting events, assisted with sick call and cheered the athletes. Upon completion of the day's sporting events, the corpsmen remained on duty at the three hotels where the athletes were staying to handle any emergencies that might arise.

On the final day, 26 students from the school's Class 94145 helped carry luggage at the airport and talked with the athletes about the week's events.

The Navy's week-long presence provided a positive stimulus for both the veterans and the Corps School's staff and students, ensured that the veterans' medical needs were met and once more honored the Charlie Golf One tradition.

Story by HMCS George G. Mitchell

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HEADLINE: Historic Nurse Corps Flag Panel Convened at Bremerton

NAVHOSP Bremerton, WA (NSMN) -- The Navy Nurse Corps has a proud and distinguished history. That was clearly evident on 25 May 1994 when the 17th Director of the Nurse Corps, RADM Mariann Stratton, and Naval Hospital Bremerton hosted five retired Nurse

Corps admirals to share their experiences in a flag panel discussion.

Naval Hospital Bremerton Commanding Officer CAPT Richard A. Mayo, MC, started the session by complimenting all past and present Nurse Corps officers on their contributions to Navy medicine.

The first-ever gathering of the six Nurse Corps admirals, organized by retired CAPT Anita Sheehan, proved a special treat for the audience, which included 23 Nurse Corps ensigns. In introducing the panel, Bremerton's Director for Nursing Services, CAPT M. Rowell, noted that she had been a commander the first time she had met a Director of the Nurse Corps.

The all-Nurse Corps Flag Panel consisted of RADM Alene Duerk (Ret.), RADM Maxine Conder (Ret.), RADM Frances Shea-Buckley (Ret.), RADM Mary Nielubowicz (Ret.), RADM Mary Hall (Ret.) and Stratton.

The panel began with Duerk, who had the distinction of being the first woman admiral in the U.S. Navy, and the first Nurse Corps admiral. Each admiral presented special moments, challenges and memories from her tour. As the admirals spoke, it was evident that many strides have been made in Navy nursing. Some initial challenges, such as equal promotion opportunities, were resolved quickly. Other challenges, such as recruiting, retention and continually changing manpower levels continue, and each admiral spoke to her specific areas of concern. Education programs for nursing sub-specialties and graduate degrees, along with nursing positions with the operational forces, have been areas that have continued to grow through each Director's tour. An area of rapid growth since Nielubowicz's tour has been the placement of nurses in politically significant positions such as headquarters staff, command billets and war colleges.

During discussions of external pressures and challenges, Hall said, "These pressures were overcome with the help of our 'special guardians,' the line officers who had the wisdom to insist that the nurses speak to what they know, and not to let others direct nursing actions."

While the accomplishments of each admiral are too many to list, throughout each presentation it was evident that many constants were shared. All admirals nodded in agreement as Shea-Buckley stated that each admiral works on the achievements of the admirals before her. And they all voiced their deep respect for the Navy nurses they worked with, and for.

When asked how they got through their more difficult days, it was their staffs the admirals acknowledged -- Condor said her tough times were eased through the support of her Nurse Corps officers; Shea-Buckley credited her staff and hospital corpsmen and their senses of humor; Hall said, "I'm a Navy nurse, working for Navy nurses"; and Stratton echoed these sentiments by commenting on the quality of Navy nurses and other Medical Department members who constantly support her.

As the panel discussion came to a close, Stratton emphasized the continuity of the Navy Nurse Corps and complimented her predecessors on their achievements in the progress of Navy nursing. And, in a statement made possible by the members of the

panel and all Navy nurses, summed up the afternoon in one succinct sentence: "Navy nursing does, indeed, define nursing excellence."
Story by ENS Kendra Scroggs, MSC, USNR
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HEADLINE: U.S. Contingent Fields Team for Swedish Competition

UNPROFOR Zagreb, Croatia (NSMN) -- "The Department of Defense has just issued new physical fitness guidelines in an effort to standardize testing for all of the services. The new test, which will be taken once a year, will include a 30 kilometer (approximately 19 miles) road march followed by a weapons shoot."

If this were true, and, fortunately, it is not, the downsizing issue would probably solve itself.

But this is an annual Army physical fitness test -- for the Swedes. Called a "soldat prov" -- soldier's test -- it is designed to test a soldier's ability to march a long distance and still be able to fight an enemy at his destination. The test also includes orienteering and first aid skills, as well as unit-specific skills like radio communications for radiomen and a construction or design project for an engineering unit.

On 1 May, the Swedish contingent of the United Nations Protection Force sponsored a soldat prov and invited the other Camp Pleso contingents to come along. While the road march was mandatory for the Swedes, five-man groups from France, the Netherlands, Norway and the United States all elected to don their combat dress, load up their packs and join about 80 members of the Swedish Army on the 19-mile march.

"It was a great international event, and it turned out to be even more fun than I thought it would be," said Army 1LT Mark Mayoras, who organized the U.S. participants: himself; LCDR Mike Hullander, MC; Army CPT Scott Farquhar; Marine SSgt Michael Burke; and Army SGT Craig Caswell.

The day began with a 0445 muster where participants were divided into 12 squads of eight to 10 people and then taken by bus to the mountains north of Zagreb. There each group was given a land navigation map to help them find their way to the first checkpoint -- the Croatian Army's shooting range, an eight-mile hike straight up the mountain and then straight back down. When they arrived at the range, each person helped their squad shoot 24 balloons, using a weapon common to one of the other contingents. Hullander, for instance, shot a Swedish AK-5. Once finished, it was back on the road to the next checkpoint.

To add some elements of fun throughout the day, the event coordinator, Swedish Capt. Ronny Modigs, included an eight-kilometer rafting trip down the Sava river and some rappelling from a train trestle, which most people did in the midst of a thunderstorm. At a medic station, Hullander participated in a stretcher race.

"I thought I was going to have to rely on my mind more to make it through," said Mayoras. "But the events were spread out, so it made it easier to keep going."

"The march isn't like what we do in Sweden, it is more fun

this way," said Modigs, "but it was not easy." Some who were there might say this was an understatement.

"What a long day," said Hullander, still smiling a little more than halfway through the event. "My feet are killing me, little by little."

Twelve hours after their staggered start, the teams began to cross the finish line back where they'd mustered that morning. Maj. Mats Karmefjord, commander of the Swedish headquarters company, presented each participant with a Swedish medal and then invited them to the closing ceremony that evening at the Swedish bar.

When the winners were announced, Burke learned that his squad had come in second.

"I was pleased to hear our name called. But in any competitive exercise, you'd like to think you were the best," said Burke with a grin. "Our team didn't hit any major glitches along the way. We worked really well together."

It was the international aspect of the whole competition that really appealed to the participants. Learning to work through language and culture barriers proved to be easier than most anticipated and that was the real prize for everyone.

"I've done harder things, longer things, things that have been more fun," said Mayoras, "but the international element, working through the cultural barriers and different customs, made this one of the most, if not the most memorable thing I've done in my military career."

That sentiment was echoed in a letter from CAPT James Johnson, MC, commanding officer of Fleet Hospital Zagreb, who reported: "While the trip was long and strenuous, LCDR Hullander, who has also qualified as a diving officer during his career, said it was one of the most memorable things he has done in the military."

Story by LT Amanda Balika

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HEADLINE: Drug-Resistant Pneumococcal Infections Increasing

AMA Chicago (NSMN) -- Drug-resistant pneumococcal infections and associated complications appear to be on the rise in the United States, according to an article in last week's Journal of the American Medical Association.

"Emergence of drug-resistant pneumococcal infections will present critical challenges to clinicians for treating patients with pneumococcal disease. Widened and intensified surveillance is needed," writes Robert F. Breiman, MD, of the Childhood and Respiratory Diseases Branch, Centers for Disease Control and Prevention (CDC), Atlanta, with colleagues.

The researchers compiled data from 544 people with pneumococci isolated from normally sterile sites at 13 hospitals in 12 states between 1 October 1991 and 30 September 1992. Resistance to penicillin was detected in 6.6 percent of isolates. A total of 16.4 percent were resistant to a number of drugs, including penicillin, cephalosporins and macrolide antibodies. These figures are higher than similar research results from 1979 to 1987.

"Comparing our results with data from the CDC pneumococcal surveillance system through 1987 shows that drug-resistant pneumococcal strains are now far more prevalent," the study reports.

"For instance, only one of 5,469 isolates collected from 1979 through 1987 had an MIC (minimum inhibitory concentrations) of two or more to penicillin, compared with seven of 567 isolates during a 12-month period in 1991 and 1992. Spread of resistant strains to North America has been expected as they have become increasingly prevalent in other regions."

Pneumococcal infections are among the leading causes of illness and death of young children, persons with underlying debilitating medical conditions, and the elderly worldwide. Adults are at greatest risk for severe complications including death from the infections. The case-fatality rate for pneumococcal bacteremia in persons 65 years of age or older is more than 40 percent.

Infections attributable to drug-resistant pneumococcal likely will be more difficult to treat and empirically thus may be associated with increased costs, sickness, and death among those at risk for pneumococcal disease and its complications.

The researchers believe that currently available pneumococcal vaccine should be aggressively promoted and routinely administered to high-risk patients (people over 65 years, those with chronic health conditions, or with impaired immune systems). The data suggests that a widely and randomly distributed surveillance system for drug resistance is needed to provide useful data to clinicians making empirical therapeutic choices to treat infections commonly caused by pneumococci.

"While the long-term key to controlling drug-resistant pneumococcal infections is prevention via immunization, newer antimicrobial drugs will also be needed to provide clinicians with some alternatives for effective treatment," they write.

EDITORIAL: Problems with drug-resistant pneumococcal infections

"In an era of shrinking budgets for health care facilities, it is essential that more rapid and reliable susceptibility testing for all Streptococcus pneumoniae isolates be developed," writes Michael S. Simberkoff, MD, from the New York Veterans Affairs Medical Center.

"Microbiology laboratories must identify individual DRSP strains and determine their antimicrobial susceptibilities within a time period that is useful for clinicians," Simberkoff writes.

"Clinicians are faces with the need to make therapeutic decisions for patients before complete susceptibility data are available from the laboratory. With current technology, full susceptibility data may not be available for several days after infection is recognized clinically.

"The emergence of DRSP as a laboratory, public health and clinical problem must encourage more rapid and reliable susceptibility tests for microbiology laboratories, rational use of vaccines and antibiotics for patients, and basic infection control procedures to limit the spread and invasive consequences of this organism."

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HEADLINE: HEALTHWATCH: Preventing Heat Stress Injuries

NAVHOSP Charleston, SC (NSMN) -- Spring weather is ideal for many outdoor activities, but with summer's heat and humidity, the dangers of heat stress injuries need to be emphasized. These injuries can be avoided by paying strict attention to weather conditions as posted at various sites on military bases.

Limitations for exercise and for activities in the field are determined using the Wet Bulb Globe Temperature (WBGT) Index and posted on base using the following Heat Stress Flag Condition system:

-- Yellow Flag. When the WBGT Index is between 85 and 89.9, strenuous exercise will be curtailed for all personnel with less than 12 weeks of living and working in hot weather.

-- Black Flag. When the WBGT Index is 90 or above, all mandatory physical training will be suspended for all personnel. All efforts should be made to reschedule these activities during cooler periods of the day.

Heat-induced injuries occur when the body fails to maintain a normal temperature due to excessive heat. Performing even moderate work can increase the body's heat production by as much as 400 percent. As the body tries to regulate its internal temperature through the evaporation of perspiration, blood brings the inner core heat to the skin's surface. When the body's natural cooling process fails, heat builds up and eventually leads to severe medical conditions.

Types of heat-induced injuries:

-- Heat Cramps. Heat cramps may occur as an isolated condition with normal body temperature or combined with heat exhaustion. Usually occurring in individuals who are already acclimatized, heat cramps are precipitated by the replacement of body fluid losses without concurrent replacement of salt. Heat cramps may occur in small areas of the body, most frequently muscles of the arms, legs or abdomen. Individuals experiencing heat cramps should be placed in a cool, shady environment with circulating air. Clothing should be loosened and liberal quantities of water should be given in small sips.

-- Heat Exhaustion. This condition is caused by strenuous exertion combined with exposure to high temperatures and humidity. Restrictive or protective clothing is often a precipitating factor in heat exhaustion cases. Profuse sweating, shortness of breath, malaise, headache, weakness, blurred vision, nausea and muscle cramps are all signs of heat exhaustion. After onset, someone suffering from heat exhaustion will have pale, cool and wet skin. Even though the body's cooling mechanism has not yet shut down at this point, immediate steps should be taken to cool the victim, thus preventing further overheating and eventual progression to heat stroke. Medical assistance should be summoned while simultaneously placing the victim in a cool, dry place with his or her feet elevated. All unnecessary clothing should be removed and liberal quantities of water given in small sips.

-- Heat Stroke. Heat stroke develops from heat exhaustion

and is a medical emergency. Signs and symptoms include hot dry skin, rapid full pulse, fast deep breathing, twitching and vomiting. An ambulance should be summoned immediately. The basic principle of treatment is to lower the body temperature rapidly. The patient should be undressed and covered with wet, cold cloths or sponged off. The patient should also be placed in front of a fan or in a breeze if at all possible. If ice is available, it should be applied directly to the victim, especially under the arms and on the head. Massaging will also expedite the cooling process.

It's best to prevent heat-induced injuries by using available weather monitoring resources and a little common sense. Outdoor activities can be scheduled to take place during the coolest parts of the day. Personnel new to an area with higher heat and humidity than they're used to should be given the opportunity to properly acclimatize themselves. And everyone should drink plenty of fluids before, during and after periods of outdoor work or activity.

For more information on preventing heat injuries, contact the preventive medicine department of your local medical treatment facility.

Story by LTjg D.A. Eggert, MSC, environmental health officer
Reprinted from Naval Hospital Charleston's The Southern Starship, June 1994

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3. Professional Notes: Information on upcoming symposiums, conferences or courses of interest to Navy Medical Department personnel and wrap-ups on ones attended. Anyone with information to share in this section should contact the editor (see the last paragraph of this message on ways to do so).

July Meetings:

-- 5 July 1994, 12-week Financial and Materiel Management Training Course begins. Contact CDR Dave Wynkoop, MSC, at (301) 295-0624, DSN 295-0624 for more information.

-- 9-16 July 1994, The Third National Kaiser Permanente Internal Medicine Conference, Ritz Carlton Hotel, Kapalua, Maui, HI. For information, contact Eric Tepper, MD, Internal Medicine, The Permanente Medical Group, 3400 Delta Fair Blvd., Antioch, CA 94509; (510) 779-5211.

-- 11-22 July 1994, Operational and Preventive Medicine Course, NEPMU-5, San Diego. Call (619) 556-7086, DSN 526-7086 for information.

-- 20-24 July 1994, 22nd National Naval Officers Association (NNOA) Conference, San Diego. Call 1-800-772-6662 for information; Navy POC is CDR Ronald Keys at (703) 697-8554, DSN 227-8554.

-- 25-29 July 1994, Eighth Annual Sports Medicine Conference, San Diego. For information, contact the University of California, Office of Continuing Medical Education, (619) 534-3940.

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HEADLINE: Nursing Research Call for Papers for AMSUS

BUMED Washington (NSMN) -- The deadline is 15 July 1994 for submitting abstracts for the Seventh Annual Karen A. Rieder Nursing Research Poster Session to be held 14-15 November 1994 in Orlando, FL, during the 101st Annual Meeting of the Association of Military Surgeons of the United States (AMSUS). Registered nurses in the military and federal services and American Red Cross are invited to submit abstracts about research initiated or completed within the last five years. The original abstract and 10 copies are to be sent to LCDR Ken Miller, NC, USNR, 8014 Crabtree Place, Gaithersburg, MD 20879-5337. No fax copies will be accepted. Notification of acceptance with further instructions will be sent no later than 15 August 1994. BUMED message 200407Z APR 94 includes requirements and selection criteria. Questions may be addressed to LCDR Miller at (H) (301) 990-8579 or (W) (301) 295-4088, DSN 295-4088; or CAPT John Boyer, NC, at (H) (301) 229-9363 or (W) (703) 697-8975, DSN 297-8975.

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HEADLINE: WOPA Holds Symposium

NNS WASHINGTON (NSMN) -- On 13 July, the Women Officers' Professional Association will hold its 7th Annual Symposium at the Uniformed Services University of the Health Sciences near the National Naval Medical Center in Bethesda, MD. This year's theme is "Evolution of Our Sea Services." Secretary of the Navy John H. Dalton will open the symposium. Other keynote speakers include Chief of Naval Operations ADM Mike Boorda, Navy Surgeon General VADM Donald Hagen and Commander Naval Base Philadelphia, RADM Louise Wilmot.

Membership in WOPA includes active duty, reserve and retired sea service officers and enlisted (both men and women) whose goals include career development for women in the sea services.

For more information or to register, call LT Sonya Smith at (202) 685-2310, DSN 325-2310.

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HEADLINE: NavHosp Sponsors Health Care Ethics Symposium

NAVHOSP Great Lakes, IL (NSMN) -- The Bioethics Committee of Naval Hospital Great Lakes is sponsoring the Fourth Annual Symposium on Health Care Ethics, to be held 21-22 September at Naval Air Station Glenview, IL.

The symposium will address topics faced by health professionals as they "put theory into practice. Its objectives are: to provoke thought, to offer a forum for discussion, to share ideas and concerns, and to network with others."

Registration deadline is 15 September. For information, call the Bioethics Committee Chair, CDR F.E. Rodriguez, NC, at (708) 688-5929, DSN 792-5929.

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4. Events occurring 26 June - 4 July and important dates for July from the Bureau of Navy Personnel:

JUNE

26 June-2 July: Helen Keller Deaf-Blind Awareness Week (516-944-8900, x325)

28 June: VOTE! Utah Primary
28 June 1894: Labor Day established
30 June: E-4 Evaluations Due
30 June: Leap Second -- To bring the coordinated universal time (UTC) system into better agreement with the rotating earth, a leap second will be introduced on 30 June 94. The leap second will necessitate retarding all UTC clocks by one second. To do this, 30 June 1994, 2359 and 60 seconds will be followed after one second by 1 July 1994, 0000 and 0 seconds.

JULY
Hemochromatosis Screening Awareness Month (518/489-0972)
Safety Awareness Month
2 July: Voting Rights Act of 1964 signed into law by LBJ
4 July: Independence Day

JULY Calendar from BUPERS
11 July: Aviation Department Head board convenes
11 july: Reserve E-7 board convenes
18 July: Material Professional board convenes
25 July: Active O-3 Line board convenes

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5. ADDRESSEES ARE ENCOURAGED TO SUBMIT INFORMATION AND NEWS ITEMS OF MEDICAL DEPARTMENT OR BENEFICIARY INTEREST (IN STORY FORMAT) BY TELEPHONE, FAX OR E-MAIL TO BUMED, ATTN: EDITOR, NAVAL SERVICE MEDICAL NEWS (MED 00P2). TELEPHONE (202) 653-0793; DSN 294-0793. FAX (202) 653-0086; DSN 294-0086. E-MAIL NMC0ENL@BUMED10.MED.NAVY.MIL//

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